

Nirav R. Shah, M.D., M.P.H. Commissioner Sue Kelly Executive Deputy Commissioner

## **Pharmacy Update on Prior Authorization Programs**

Effective November 14, 2013, the Medicaid Fee- for- Service program will institute a Dose Optimization initiative. Dose optimization can reduce prescription costs by reducing the number of pills a patient needs to take each day. The Department has identified drugs to be included in this program, the majority of which have FDA approval for once-a-day dosing, have multiple strengths available in correlating increments at similar costs and are currently being utilized above the recommended dosing frequency. Prior authorization will be required to obtain the following medication beyond the following limits:

Dose Op	Dose Optimization Chart						
Cardiovascular							
Angiotensin Receptor Blockers (ARBs)							
Brand Name		Dose Optimization Limitations					
Benicar 20mg	1 daily	Tablet					
Micardis 20mg, 40mg	1 daily	Tablet					
Diovan 40mg, 80mg, 160mg	1 daily	Tablet					
ARBs/ Calciu	um Chann	el Blocker	S				
Brand Name		Dose Optimization Limitations					
Exforge 5-160mg	1 daily	Tablet					
ARBs/ Diuretics							
Brand Name	Dose O	Dose Optimization Limitations					
Benicar HCT 20-12.5mg	1 daily	Tablet					
Diovan HCT 80-12.5mg, 160-12.5mg	1 daily	Tablet					
Edarbyclor 40-12.5mg	1 daily	Tablet					
Micardis HCT 40-12.5mg, 80-12.5mg	1 daily	Tablet					
Beta Blockers							
Brand Name	Dose Optimization Limitations						
Bystolic 2.5mg, 5mg, 10mg	1 daily	Tablet					
Coreg CR 20mg, 40mg	1 daily	Tablet					
Toprol XL 25mg, 50mg, 100mg	1 daily	Tablet					
HMG Co A Reductase Inhibitors							
Brand Name	Dose Optimization Limitations						
Crestor 5mg, 10mg ,20mg	1 daily	Tablet					
Central Nervous System							
Anticonvulsants - Second Generation							
Brand Name		Dose Optimization Limitations					
Lyrica 25mg, 50mg, 75mg, 100mg, 150 mg, 200mg	3 daily	Capsule	Electronic bypass for diagnosis of				
Lyrica 225mg, 300mg	2 daily	Capsule	seizure disorder indentified in medical				
			claims data.				

Brand Name     Dose Optimization Limitations       Abilify Smg, 10mg, 15mg     1 daily     Tablet     In the case of dose titration for once       Invega 1.5mg, 3mg     1 daily     Tablet     In the case of dose titration for once       Seroquel Zmg, 50mg, 100mg, 200mg     2 daily     Tablet     allow for multi-day dosing (up to 2       Seroquel Xm, 50mg, 100mg, 200mg     1 daily     Tablet     allow for multi-day dosing (up to 2       Seroquel Xm, 50mg, 100mg, 200mg     1 daily     Tablet     allow for multi-day dosing (up to 2       Symbyax 3-25mg, 6-25mg, 12-25mg     1 daily     Tablet     amonths.       Symbyax 3-25mg, 6-25mg, 12-25mg     1 daily     Capsule     months.       Concerta ER 18mg, 27mg     1 daily     Capsule     Concerta IM     Tablet       Provigit 100mg     1 daily     Capsule     Concerta IM     Tablet     Concerta IM     Capsu	Antipsychotic	Antipsychotics- Second Generation						
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Onglyza 2.5mg 1 daily Tablet	Brand Name		Dos	e Optimization Limitations				
	Januvia 25mg, 50mg	1 daily	Tablet					
TZDs	Onglyza 2.5mg	1 daily	Tablet					
		TZDs						

Brand Name		Dose Optimization Limitations				
Actos 15mg	1 daily	Tablet				
Actoplus Met XR 15-1000mg	1 daily	Tablet				
Gastrointestinal						
Proton Pump Inhibitors						
Brand Name	Dose Optimization Limitations					
Dexilant 30mg	1 daily	Capsule				
Nexium 20mg	1 daily	Capsule				
Prevacid DR 15mg	1 daily	Capsule				
Renal and Genitourinary						
Urinary Tract Antispasmodics						
Brand Name	Dose Optimization Limitations					
Detrol LA 2mg	1 daily	Capsule				
Enablex 7.5mg	1 daily	Tablet				
Toviaz ER 4mg	1 daily	Tablet				
Vesicare 5mg	1 daily	Tablet				
Non Ergot Dopamine Receptor Agonists						
Brand Name	Dose Optimization Limitations					
Requip XL 2mg, 4mg, 6mg	1 daily	Tablet				

## Updated 10/25/13

Please note that PA requirements are not dependent on the date a prescription is written. New prescriptions and refills on existing prescriptions require PA even if the prescription was written before the date the drug was determined to require PA.

To obtain a prior authorization (PA), please call the prior authorization Clinical Call Center at (877) 309-9493. The Clinical Call Center is available 24 hours per day, 7 days per week with pharmacy technicians and pharmacists who will work with you, or your agent, to quickly obtain PA.

Medicaid enrolled prescribers with an active e-PACES account can initiate PA requests through the web-based application PAXpress®. The website for PAXpress is https://paxpress.nypa.hidinc Communications regarding specific messaging for pharmacies will be distributed in a subsequent notification.